

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39958**
10048

No. 300
10-48

FILED DEC 2 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 15 Yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 710 Marion Ave.		d. STREET ADDRESS (If rural, give location) 23 710 Marion Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) c. (Last) BEEN			4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 20, 1887
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 1 Days 10	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Machine Repair	11. BIRTHPLACE (City and State or Foreign Country) Stringtown, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Eva Been	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 328 03 7471	17. INFORMANT'S SIGNATURE OR NAME Eva Been	ADDRESS 710 Marion, St. Louis, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		DUE TO (b) _____		About 4 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		Chronic Nephritis		about 4 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 4222

22. I hereby certify that I attended the deceased from **Apr 1st**, 1950, to **Oct 30**, 1952, that I last saw the deceased alive on **Oct 30**, 1952, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE G. B. Fritschel M.D.	(Degree or title)	23b. ADDRESS 3306 13 St. Louis Mo	23c. DATE SIGNED Oct 31/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 3, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. NOV 1 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, 2301 Lafayette	ADDRESS
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E.P. (Licensed Embalmer's Statement on Reverse Side)

St. Louis, Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Leitch
Museum Hospital
Saturday 11:30 A.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James R. Chapman
Licensed Embalmer No. 4550
P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.